



# CHILDREN'S ADMINISTRATION PLACEMENT AND LICENSED CARE

(See detailed fingerprint card instructions)

## BACKGROUND AUTHORIZATION

Instructions for completing this form on reverse side.

Please print clearly and use BLACK INK.

DSHS Background Check  
Central Unit  
PO Box 45025  
Olympia, WA 98504-5025  
(360) 902-0299  
FAX (360) 902-0292

☐ Foster Care ☐ Facility or Child Placing Agency Employee ☐ Adoption ☐ DCFS Relative Placement

### SECTION 1. AGENCY INFORMATION (COMPLETED BY AGENCY STAFF ONLY)

1. NAME, LOCATION, AND SECURE DSHS FAX TO WHICH THIS FORM SHOULD BE RETURNED

2. NAME AND ADDRESS OF FACILITY OR CHILD PLACING AGENCY

2.A. NAME AND ADDRESS OF HOME WHERE CARE IS PROVIDED

2.B. DSHS WORKER ID OR FACILITY BUSINESS ID

3. TELEPHONE NUMBER FOR BOX 2 (INCLUDE AREA CODE)

( )

4. FAX NUMBER FOR BOX 2 (INCLUDE AREA CODE)

( )

### SECTION 2. ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)

5. SOCIAL SECURITY NUMBER (OPTIONAL)

6. DATE OF BIRTH

7. GENDER

☐ Male

☐ Female

8. RACE (OPTIONAL)

#### CURRENT NAME

#### OTHER NAMES YOU HAVE BEEN KNOWN BY

9. LAST NAME

12. BIRTH NAME

LAST

FIRST

MIDDLE

10. FIRST NAME

13. OTHER MARRIED NAME(S) (WRITE NONE IF NONE)

11. MIDDLE NAME (WRITE NONE IF NONE)

14. NICKNAME(S)/OTHER NAME(S) (WRITE NONE IF NONE)

15. Have you been convicted of, or do you have charges pending for any crime?..... ☐ YES ☐ NO  
If yes, give the crime, the conviction date or charge status and the state where it occurred.

16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? ..... ☐ YES ☐ NO  
If yes, give name of court, state licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.

17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? ..... ☐ YES ☐ NO  
If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.

18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? If yes, give date, court, and the state where it occurred..... ☐ YES ☐ NO

19. DRIVER'S LICENSE OR STATE IDENTIFICATION NUMBER  
(WRITE NONE IF NONE)

20. PRESENT NUMBER OF CONSECUTIVE YEARS LIVED IN WASHINGTON STATE

YEARS:

MONTHS:

☐ CHECK IF DSHS FINGERPRINT CHECK COMPLETED WITHIN LAST THREE YEARS

21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answer or any deliberate omission may result in my immediate disqualification as a provider, caretaker, licensee, contractor, and/or as an individual authorized to care for vulnerable adults or children. I hereby authorize DSHS to obtain background information including but not limited to, convictions, licensing, child and adult protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states and the FBI. DSHS is hereby authorized to release the result of this and any DSHS prior background check information to the agency, facility, entity, or individual named above.

22. SIGNATURE OF PERSON TO HAVE BACKGROUND CHECK OR PARENT/GUARDIAN

23. DATE (DATE SIGNED MUST NOT BE OLDER THAN THREE MONTHS)

24. PREVIOUS STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

CAMIS files checked by \_\_\_\_\_ on date \_\_\_\_\_ with the following results:

## INSTRUCTIONS FOR COMPLETING THE AUTHORIZATION FORM

This form will be returned if any portion of the required information necessary to conduct a background check is not entered or is not legible.

A fingerprint card is required for those applicants who have not lived in Washington State for the past three (3) consecutive years. Contact DSHS office identified in Section 1, Number 1 for fingerprint card.

A fingerprint card is not required if the applicant has completed a DSHS fingerprint-based check within the past three (3) years and has not lived outside the state since the last fingerprint check. Please indicate that in Section 2, Number 20. DSHS will use the previous result when completing this background check.

If submitting a request for a fingerprint-based background check, the background authorization form and fingerprint card must be mailed. Do not fax the background authorization form separately.

### SECTION 1:

To be completed by DSHS staff, facility, or child placing agency.

1. Required. Location name must match location name provided by Children's Administration to BCCU.
2. To be completed by facility or child placing agency. Required.
  - A. To be completed by DSHS staff. Required.
  - B. To be completed by DSHS staff, facility, or child placing agency.

#### **ID Number is mandatory.**

DSHS worker must use CAMIS logon ID. Same as Outlook email address. Example: RMAJ300. Facility or child placing agency, use Business ID Number.

3. Required.
4. Required.

### SECTION 2:

To be completed by the applicant (person to be checked).

5. Optional.
6. Required.
7. Required.
8. Optional.
9. Required. Must write NONE if none.
10. Required. Must write NONE if none.
11. Required. Must write NONE if none.
12. Required. Must include complete name at birth. If same as #9 through #11, must write SAME.
13. Required. Must list all married names used (male or female); must write NONE if none.
14. Required. Must list all nicknames used (male or female); must write NONE if none.
15. Required.
16. Required.
17. Required.
18. Required.
19. Required. Must list drivers license number or state identification number; must write NONE if none.
20. Required. Indicate number of consecutive years and/or months lived in Washington State. Check the box provided if a DSHS fingerprint check was completed within the last three years.
21. Read prior to moving to block 22.
22. Required signature of applicant or parent/guardian if applicant is under 18.
23. Required. The Background Check Central Unit must receive the background authorization form within three (3) months from the date of the signature.
24. Optional.

For complete information on DSHS Background Check Policy, please see Title 388 at:

<http://slc.leg.wa.gov/wacbytitle.htm>

Upon completion, DSHS staff, facility, or child placing agency will submit form via mail or fax as soon as possible to:

DSHS Background Check Central Unit  
PO Box 45025  
Olympia, WA 98504-5025  
Phone 360-902-0299  
Fax 360-902-0292